



Atty. Dkt. No. 041457-0630

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900
OCT 02 2003

RECEIVED

Applicant: Juan MANTELLE et al.

Title: COMPOSITIONS AND METHOD
FOR TREATMENT OF
ATTENTION DEFICIT
DISORDER AND ATTENTION
DEFICIT/HYPERACTIVITY
DISORDER WITH
METHYLPHENIDATE

Appl. No.: 10/024,513

Filing Date: 12/21/2001

Examiner: Frank I. Choi

Art Unit: 1616

AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims: 34	□ 38	= 0	x \$18.00	= \$0.00
Independents: 5	□ 5	= 0	x \$84.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+ \$280.00	= \$0.00

CLAIMS FEE TOTAL:	=	\$0.00
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[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Extension for response filed within the first		
[] month:	\$110.00	\$0.00
Extension for response filed within the second		
[] month:	\$410.00	\$0.00
Extension for response filed within the third		
[X] month:	\$930.00	\$930.00
Extension for response filed within the fourth		
[] month:	\$1,450.00	\$0.00
Extension for response filed within the fifth		
[] month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:		\$930.00
Statutory Disclaimer Fee under 37 C.F.R.		
[] 1.20(d):	\$55.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE		
	TOTAL:	\$930.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:	\$930.00

[] Please charge Deposit Account No. 19-0741 in the amount of \$930.00. A duplicate copy of this transmittal is enclosed.

[X] A check in the amount of \$930.00 is enclosed.

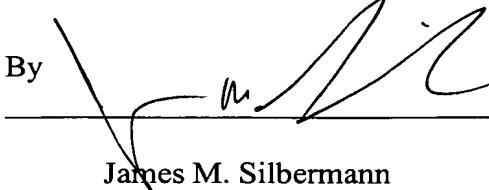
[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 25, 2003

FOLEY & LARDNER
Customer Number: 22428
Telephone: (202) 672-5585
Facsimile: (202) 672-5399

By 

James M. Silbermann
Attorney for Applicant
Registration No. 40,413